

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address: INJURY-1 TREATMENT CENTER P O BOX 844178 DALLAS, TX. 75284	MFDR Tracking #: M4-09-4734-01
Respondent Name and Box #: AMERICAN CASUALTY CO OF READING REP. BOX # 47	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary taken from the Table of Disputed Services: "Per Texas Labor code 408.021" and "Preauthorized #1929584"

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$5750.00 *
3. CMS 1500s
4. EOBs
5. Medical records
6. Pre-authorization letter

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATIONRespondent's Position Summary: "...Carrier requests that TDI DWC dismiss this medical dispute until such time as the underlying extent of injury issues are resolved and finally adjudicated in accordance with **28 TAC 133.305 (b) and 28 TAC 133.307 (e) (3) (H)**...."

Principle Documentation:

1. Response to DWC 60
2. PLN-11 forms

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
5-14-07 5-15-07 5-18-07 5-23-07	97799-CP-CA (x8 units/hours)	45,100,113-001,W12,880-125,855-010,W4,920-002,W9,855-020	1, 2, 3, 4, & 6	\$1000.00 \$1000.00 \$1000.00 \$1000.00
5-24-07	97799-CP-CA (x7 units/hours)	29,880-108,45,100,113-001,W12,855-010,W4,920-002,W9,855-020	1, 2, 3, 4, 5, & 6	\$875.00

5-25-07	97799-CP-CA (x7 units/hours)	45,100,113-001,W12,880-125,855-010,W4,920-002,W9,855-020	1, 2, 3, 4, & 6	\$875.00
Total Due:				\$5750.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.202, titled *Medical Fee Guideline* effective for professional medical services provided on or after August 1, 2003, set out the reimbursement guidelines.

* Requestor submitted a new Table of Disputed Services and that Table is used in this review. *

1. These services were denied by the Respondent with reason codes "45" (charges exceed your contracted/legislated fee arrangement...charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement), "100" (any network reduction is in accordance with the network referenced above), "113-001" (network import re-pricing ; contracted provider), "W12" (extent of injury-not finally adjudicated), "880-125" (denied per insurance: NC-non-covered procedure or service-100%), "855-010" (NC-non-covered procedure or service-payment denied-\$0.00), "W4" (no additional reimbursement allowed after review of appeal/reconsideration), "920-002" (in response to a provider inquiry, we have re-analyzed this bill and arrived at the same recommended allowance), "W9" (unnecessary medical treatment based on peer review), "855-020" (reimbursement has been denied based upon the recommendation of a peer review-\$0.00), "29" (the time limit for filing has expired), and "880-108" (denied per insurance: the time period during which a bill may be submitted for payment has expired-100%).
2. A review of the submitted PLN-11 forms identify that the carrier disputed any level of degenerative disc disease, spinal stenosis, lumbar spondylosis, depression/anxiety, migraines, and sleep disorders. The compensable injury was limited to a lumbar sprain/strain.
3. A review of the CMS 1500 forms identify that the provider billed with the diagnosis codes of 722.10 (displacement of lumbar intervertebral disc without myelopathy) and 724.4 (thoracic or lumbosacral neuritis or radiculitis, unspecified). A contested case hearing (CCH) was held on August 5, 2008 and it was determined that this compensable injury does not include depression or anxiety; however, it does include lumbar degenerative disc disease by virtue of carrier waiver in that this area was not timely disputed/contested. The CCH decision was appealed; however, its decision was upheld, therefore, the CCH decision and order is final and binding. The Division notes that the provider did not bill any of the diagnosis code areas that were contested at the CCH.
4. The Requestor submitted their pre-authorization letter dated May 11, 2007; number 1929584, which identifies authorization of the pain management program for a total of 10 sessions to begin on 5-11-07 and end on 6-8-07 for the diagnosis code of 722.10; noted on authorization letter was 'extent issue on file for anxiety/depression'.
5. Rule 102.4(h), titled General Rules for Non-Commission Communication, states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." A review of the EOB for DOS 5-24-07 identifies that it was received on 6-5-07 and audited/reviewed on 6-14-07; which is within the allotted 95 day threshold. It is clear to the Division that this payment reduction code was used in error, for this bill was timely received and reviewed.
6. It was confirmed by the Division that both parties are in agreeance that a negotiated contract agreement is/was in effect for the above disputed DOS. In accordance with the Texas Labor Code 413.011(d) added by HB7 2005 79th session, as amended, 413.016 and 408.0223, the Division of Workers' Compensation (DWC) maintains exclusive jurisdiction over certain contractual matters relating to medical fee disputes. In summary, the fee guidelines are the primary issue in this dispute and settling these fee guideline issues are within the jurisdiction of the DWC [Division]; therefore, in accordance with Rule 134.202 (e) (5) (A) (i) (E) (i) (ii), the chronic pain program is recommended for payment.

- 97799-CP-CA: MAR=\$125.00 per hour x 8 units/hrs.= \$1000.00
- 97799-CP-CA: MAR=\$125.00 per hour x 7 units/hrs.= \$875.00

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section 413.011(a-d), Section 413.031, 408.0223, 413.016 and Section 413.0311
28 Texas Administrative Code, Rules 134.1, 134.202, 102.4
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Carrier to remit to the Requestor the amount of \$5750.00 plus applicable accrued interest per Division Rule 134.130, due within 30 days of receipt of this Order.

ORDER:

Authorized Signature

Medical Fee Dispute Resolution Officer

12-1-09

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.